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DATE: July 28, 2008

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Stephen C. MacDonald, Ph.D., Patent Agent 2737 FROM:

404-572-5135

Our Ref. #: 11982.105003

NUMBER OF PAGES (Including Cover Page): 12

MESS In re A	AGE: pplication of:	
Mora	ND ET AL.	Attorney Docket No. 11982.105003
Applic	ation No. 10/552,595	A THOMAS BOOKETTO. 11502/20000
Filed:	June 20, 2006	Examiner: Yong Liang Chu
For:	Novel Methods for the Treatment of Inflammatory Disease	Art Unit: 1626

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PTC/SB/21 (11-07)

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Approved for use through 11/30/2007. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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70.550.551	FT A I	Application Number	er 10/522,595	
TRANSMIT		Filing Date	June 20, 2006	
FORM	ļ	First Named Inven	tor Morand et al.	
		Art Unit	1626	
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	EN	CLOSURES (check all tha	at apply)	
Fee Transmittal Form	☐ Drawi	·	After Allowance Communication to TC	
Fee Attached	Licen	sing-related Papers	Appeal Communication to Board of Appeals and Interferences	
Amendment / Reply	Petitio	on	Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)	
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Reply to Missing Parts/ Incomplete Application				
Reply to Missing Parts under 37 CFR1.52 or	4			
	SIGNATURE	OF APPLICANT, ATTO	RNEY, OR AGENT	
Firm Name King & Spalding LLP				
Signature		STATE		
Printed Name	Stephen C	. MacDonald, Ph.D.		
Date	July 28, 20	008	Reg. No. 60,401	
	CERTIF	ICATE OF TRANSMISS	SION/MAILING	
I hereby certify that this corre Service with sufficient postag Alexandria, VA 22313-1450 or	ne as first class n	nail in an envelope addre	the USPTO or deposited with the United States Post essed to: Commissioner for Patents, P.O. Box 145	
Signature	5	The sell	>	
Typed or printed name 5	Stephen C. MacDor	nald, Ph.D.	Date July 28, 2008	

This collection of Information is required by 37 CFR 1.5. The Information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 nours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the Individual case. Any comments on the amount of time you require to complete this form endor suggestions for reducing this burden, should be sent to the Chief information Officer. U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

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JUL 2 8 2008

PTO/SB/17 (10-07)

Approved for use through 06/30/2010, OMB 0651_0032 U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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Filing Date	FEE TRANSMITTAL		Applica	Application Number 10/322,393						
Applicant claims small entity status. See 37 CFR 1.27 TOTAL AMOUNT OF PAYMENT (\$) 335.00 AT Uni 1026 Atomay Dockst No. 11982.105003 METHOD OF PAYMENT (check all that apply) Check				Filing D	Date	June 20,2006				
METHOD OF PAYMENT (check all that apply)	for FY 2008				First Na	emed Inventor	Morand et al.			
METHOD OF PAYMENT (check all that apply) □ Check S Credit Card □ Moncy Order □ Non □ Other (please identify): □ Deposit Account Deposit Account Number: 11-9580 □ Deposit Account Deposit Account Number: 11-9580 □ Deposit Account Deposit Account Number: 11-9580 □ Deposit Account Deposit Account Number: 11-9580 □ Charge fee(s) indicated below □ Charge fee(s) indicated below □ Charge fee(s) indicated below □ Charge fee(s) indicated below, except for the filing fee □ Charge fee(s) indicated below □ Charge fee(s) indicated below, except for the filing fee □ Charge fee(s) indicated below fee(s) in	Applicant claims small entity status. See 37 CFR 1.27			Examir	ner Name	Yong Liang Chu				
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Check	TOTAL AMOUNT OF PAYMENT (\$) 335.00		Attorne	y Docket No.	11982.105003					
Deposit Account Deposit Account Number: 11-0980 Deposit Account Name:	METHOD OF PAYME	NT (check	all that apply)		•					
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below authorated to a third information and authorated to a third information a	☐ Check ☑ Credit C	ard 🔲 M	oney Order 🔲	None [Other (please identify	v) :			
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	Name (Print/Type) Si	ephen C. MeeD	onald, Ph. X						Date	July 28, 2008

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